The Brandon Trust

Queens Road Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 14 July 2015 and was unannounced. The last full inspection took place in April 2014 and one breach of regulation was found in relation to records. We returned to the service in September 2014 to check the action that had been taken in relation to this breach. We found that although improvements had been made, the regulation had not yet been met.

The home provides care and accommodation for seven people with learning difficulties.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People in the home received good care and support in a number of areas; however some improvements were required. Notifications to the Commission were not always made in line with legislation.

Improvements were required in the storage of medicines. The way that medicines were arranged within the store

Summary of findings

cupboard meant that there was a risk of people's medicines becoming mixed up and errors made. This was evident in the last stock check where a mistake had been made in the stock check for one medicine which had been stored in two different places within the cupboard.

There were a number of staff vacancies at the time of our inspection, which meant that a number of shifts were being covered by agency staff. The registered manager described the steps that were being taken to minimise the impact of this, for example by using regular agency staff where possible and existing staff to cover. Steps were also being taken to recruit new staff and establish a consistent staff team.

Staff were kind and caring in their approach and treated people with dignity and respect. People weren't able to tell us verbally about their experiences; however we saw that people were settled and content.

People were able to follow their own routine and make day to day choices about when they got up for the day and when to eat their meals. People were offered drinks throughout the day and staff checked to ensure people were physically comfortable. People's views were sought as part of their care planning and through meetings. There was information available to support people in making complaints if they wished to do so.

People's healthcare needs were well described in their support plans. This included information about the support a person required when attending healthcare appointments. We saw that healthcare professionals had been contacted in response to concerns about people's health.

Staff reported feeling well supported in their work and felt able to raise concerns or issues with senior staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was safe in most aspects. However improvements were required in the way medicines were stored to reduce the risk of errors being made.

People had individualised risk assessments in place to guide staff in providing safe support.

There were a number of staff vacancies at the home, however recruitment strategies were in place. The impact of staff vacancies was minimised through using regular agency staff.

Staff were aware of their responsibility in relation to safeguarding.

Is the service effective?

Requires improvement

The service was effective. People's healthcare needs were met.

People received to support to ensure they received adequate nutrition. This included support with specialised methods of providing nutrition.

Staff were well supported and received training to enable them to carry out their roles.

People's rights were protected in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and considerate in their interactions and treated people with dignity and respect.

People were involved in decisions about their care and given opportunity to provide their views and opinions.

Is the service responsive?

Good

Staff understood people as individuals with their own likes and preferences. Activities were provided which met people's individual interests.

There were procedures in place to support people in making a complaint if they chose to do so.

Is the service well-led?

Requires improvement

The service was well led in most aspects; however we found that notifications weren't always made to the Commission in line with legislation.

There were systems in place to monitor the quality and safety of the service provided.

Staff worked well together and felt able to raise concerns.

Queens Road Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 July 2015 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection we reviewed all the information about the service available to us, including notifications and the Provider Information Return (PIR). Notifications are information about specific events, which the provider is required to tell us about. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

As part of our inspection we made observation of the care being provided and looked at the care records of two people. We viewed other documentation relating to the running of the home, including quality monitoring, health records and staff records.

Requires improvement

Is the service safe?

Our findings

The service was safe in most aspects, however improvements were required.

Medicines were stored in a secure cupboard, so that they weren't accessible to people unauthorised to do so. However, people's medicines were arranged in such a way that there was a risk they would become mixed up. The arrangements also made it difficult to carry out stock checks. This was evident when we checked the stock level of one medication. The last stock check was incorrect because there were different packs of the medication stored in different areas within the cupboard and only one had been counted.

Each person in the home had information recorded about their medicines including protocols for PRN (as required) medicines. These stated the doses required and when they should be offered. We were told that people's medicine folders were in the process of being reviewed and updated to ensure they were up to date and accurate. We also checked the Medicine Administration Record (MAR) charts for three people and these had been completed with no gaps noted.

The registered manager and staff told us about some current difficulties with staff vacancies and recruitment; however overall, the impact of these vacancies on people in the home was being minimised. The registered manager told us that at the time of the inspection there were seven staff vacancies. Efforts were being made to recruit and we were told about some of the strategies that had been put in place, such as local advertising.

In order to minimise the impact of staffing difficulties on people, as far as possible regular agency staff were used to fill shifts. This would help provide continuity of care for people. During our inspection, there were four members of staff on duty supporting seven people in the home. Two of these staff were from an agency and two were permanent members of staff. People were settled and content with this arrangement.

There were procedures in place to support the provider in making safe recruitment decisions. This included carrying out a DBS check (Disclosure and Barring Service) and gathering references from previous employers. DBS checks provide information about any convictions a person has and whether they are barred from working with vulnerable adults.

Staff were aware of their responsibilities to safeguard and protect the people they supported. Staff confirmed they had received training and felt comfortable in raising any concerns. There were policies and procedures in place for staff to refer to if the situation arose. Staff gave examples of when they'd discussed issues relating to a person's health and wellbeing with senior staff and reported that they felt their concerns had been taken seriously and responded to.

There were individual risk assessments in place for people and these ensured there was consistent guidance in place for staff to follow and care for people in a safe way. Risk assessments demonstrated that each option for caring for the person was considered and the impact this would have. This enabled staff to find the least restrictive means of supporting people and ensuring their safety. These assessments were reviewed regularly to ensure they remained relevant to the individual.

Requires improvement

Is the service effective?

Our findings

The service was effective in most areas; however improvements were required. People received support to ensure their healthcare needs were met. Any risks associated with people's health were outlined in their support plans. For example, we viewed the support plans of two people who were at risk of developing pressure damage to the skin. There was guidance in place for to staff to follow to ensure that any concerns about the person's skin were identified and reported to the GP or nurse. This included regular checks of areas of skin that were particularly susceptible to damage. We did however find that support plans identified that a 'Waterlow' assessment should be in place for the two people we viewed. A Waterlow assessment provides information about the level of risk a person is at in relation to developing pressure damage to the skin. We checked with staff whether this assessment was being carried out and were told that it was no longer being used. Staff told us they monitored people's skin through regular checking and would report any concerns to the GP or nurse. However, this discrepancy in information in the person's support plan meant that guidance for staff was unclear about the best way to support the person.

People's support files contained clear information about the support people required to ensure their health needs were met. For example, we read that people would need support in arranging appointments and explaining their needs to the healthcare professional.

People were supported to receive nutrition and fluids in accordance with their needs. Where people had particular nutritional requirements, staff were trained in and able to meet these. For example two people had a PEG (Percutaneous Endoscopic Gastrostomy) as a means of receiving their nutrition non orally. Staff were assessed as being competent before administering nutrition via this method.

When we visited the service in September 2014 we found that not all records were kept consistently. This was a breach of regulation, particularly in relation to those people who had a PEG. When we returned to the service, we found that improvements had been made. Records relating to the care of people's PEG were kept and this included a total of the fluids the person had received for the day and whether the site had been cleaned. Other people had records in place to record how much they had eaten and drunk. We did note occasional gaps in the food and fluid charts and brought these to the attention of the registered manager.

Staff received effective training and support to enable them to carry out their roles effectively. Staff were positive about the training they received and told us important topics were refreshed regularly, such as safeguarding and moving and handling. One member of staff told us they had a particular learning need and they had been supported in this.

Supervision sessions did not always take place in line with the provider's expectation of every 4-6 weeks; however staff reported that they felt able to approach senior staff at any time between sessions to discuss any issues or concerns.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw evidence of mental capacity assessments and subsequent best interests decision taking place for various aspects of people's lives, including personal care being provided and decisions relating to people's health needs.

Where it was considered necessary to deprive a person of their liberty in order to be able to ensure their safety, applications had been made to the local authority.

Good

Is the service caring?

Our findings

The service was caring. People weren't able to speak with us directly about their experiences of living in the home; however our observations showed that people were settled and content. Staff were pleasant in their interactions and treated people with dignity and respect. For example we observed one member of staff supporting a person to walk to another part of the home. The person was given time to walk at their own pace and through prompting from the member of staff was guided in which direction to go. This helped the person maintain their independence in a way that also ensured they were safe. People's preferred names were identified in their support files as well as information about their preferred gender of care staff.

Attention was paid to ensuring that people were physically comfortable, for example by being offered drinks and ensuring that they were seated comfortably.

Consideration was given to people's spiritual and cultural needs. For example, one person was able to attend church each Sunday. This also helped people maintain links with their local community.

People were given choices about the day to day aspects of their lives. For example, people were able to eat their breakfast at a time that suited them. People were asked what they would like to have to eat and where they'd like to sit. There was information contained in support plans to identify the aspects of their care that they were able to be independent with. For example by choosing what clothes to wear.

People were supported to be involved in planning their care and the goals they wished to achieve. For example, we read that one person had been supported in their care planning meeting by choosing the time and day and inviting a friend to come. They had also had a 'pre meeting' with a member of staff to discuss their life and achievements over the year.

People were also able to give their views about the service and raise any concerns through resident meetings. We viewed the minutes of the last meeting and saw that comments from each individual had been recorded. People were also given information about developments in the home such as plans for decorating parts of the house.

People were supported to maintain relationships with people who were important to them. Information was held in people's files about friends and relations' birthdays so that people could be supported to send cards if they wished. One member of staff also told us about how they were supporting a person to visit relatives who lived locally and we observed arrangements being made to this effect.

Good

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who understood their needs and preferences and treated people as individuals.

There was information contained in people's support plans about the activities they enjoyed, what made them happy and the goals they were working towards. There was also information about people's lives before they came to live in the home. This was written with the involvement of friends and family where possible.

Other information included details such as the names that people preferred to be addressed by, and their individual characteristics and personalities. This information guided staff in supporting people in a way that met their individual needs.

Staff told us about some of the ways that they were supporting people with their interests. For example one person had an interest in dogs. Staff were looking in to arranging for the person to attend any local dog shows. We also heard about occasions when dogs had been brought to the home for the person to enjoy and spend time with them. In another person's care file, we read that a preferred activity was watching DVD's. We saw this person being given choices about what they wanted to watch.

Not everyone in the home was able to communicate verbally; however each person had a 'communication profile' in place which described the individual ways in which the person communicated such as through body language and facial expressions. There was also a summary included of the person's likes and dislikes, such as in relation to their food choices and how they wished to be supported. This would help ensure that the person's needs would be known if they were unable to express them verbally.

Records showed that staff responded to any signs that a person may be unwell. For example, the health professionals log detailed that the GP was contacted in relation to concerns about a person's skin condition. In another example, we saw that the district nurse had been contacted for advice.

People in the home had a keyworker in place. A key worker is a member of staff who has particular responsibility for the wellbeing of the person they are keyworker for. Keyworkers monitored people's wellbeing through writing monthly summaries describing any particular health concerns that had occurred in the preceding month, any special events the person had been involved in any changes in need.

There had been no complaints made about the service in the last 12 months. However we saw that information about how to raise concerns or complaints was available in a format suited to the needs of people in the home. This information included details of agencies outside of the home that could be contacted if necessary. We saw examples of historical complaints that had been responded to appropriately.

Requires improvement

Is the service well-led?

Our findings

The service was well led in many aspects; however improvements were required. The Commission weren't always notified about aspects of the service in line with legislation. Two people had received authorisation to be deprived of their liberty; however this information had not been notified to the Commission as required in legislation. Without this information, the Commission is unable to monitor how well people's rights are being protected in line with the Mental Capacity Act 2005.

There was a positive atmosphere within the staff team. Staff reported that they worked well together as a team and that they were well supported by senior staff and the registered manager. One member of staff gave us a particular example of when their views had been listened to by the organisation. Other feedback included that staff felt the registered manager and senior staff were approachable and listened to concerns.

There were systems in place to monitor the quality and safety of the service provided. This included gathering feedback from people who used the service and their representatives. Questionnaires had been sent out to family a few weeks prior to our inspection, although no responses had been received.

Monitoring systems also took account of the five key questions that are looked at as part of the Commission's inspection process. There was an evaluation programme in place which was completed by a visiting manager from another service and divided in to sections aligned with the five questions reported on during inspections. It was evident that this programme of monitoring had highlighted areas that needed to be addressed and these were being monitored. For example, one concern highlighted was that responsibility for 'resident' meetings, need to be with a permanent member of staff, so that they happened regularly. A date had been recorded when this had been achieved and we saw the minutes of the latest meeting.

The safety of the service was monitored through regular checks being undertaken. For example, we saw records of regular checks of fire safety equipment.

There was an action plan for improvement in place, with a priority being to establish a stable and consistent staff team. The registered manager talked through the actions that were being taken to achieve this through local recruitment efforts. The registered manager also talked about plans to redesign and improve documentation in order to make it easier to use.